“Are you alright?”

A Dade County police officer, Officer Jane had slowed down when she noticed Mary’s car on the side of the street. Mary had her head down, and when she looked up, her eyes were red. She had been crying. “Oh yes,” Mary said, startled. Forcing a smile, she explained that all she needed was some rest. Officer Jane had just left the scene of the crime. Mary had dropped off her client, the victim, Sally, at the local hospital and into the care of a trained nurse and victim advocate. More and more, Mary had become overwhelmed with the fear and distress her clients experienced. It was 10 A.M., and she had been working since 4 A.M. on just five hours of sleep. She was more emotionally exhausted than physically fatigued.

Mary did not tear up when working with Sally or any other client. She worked hard, at times, to keep her real feelings and thoughts hidden from her clients. But working hard and controlling her emotions led to mistakes. To be more effective at managing her distress and enjoying her job, she needed a lesson in the way her brain operated.
The Neurobiology of Compassion Stress

Mary, like all of us, is susceptible to the way we are wired and programmed neurobiologically as human beings. In the mid-1970s, it was discovered that all human brains have two hemispheres, left and right. The practical application of this knowledge is emerging more slowly than is the scientific progress, so some background may be helpful in fully appreciating the professional toll compassion fatigue takes on the human mind.

Each hemisphere of the brain is dominant for certain behaviors. For example, it appears that the right hemisphere is dominant for spatial abilities, face recognition, visual imagery, and music. The left hemisphere may be more dominant for calculations, math, and logical abilities.

There is a tendency for the two cerebral hemispheres to operate in two very different contexts, one emotional and the other rational. For right-handed people, the left hemisphere is the dominant one for verbal/logical thinking and the details so important to professional functioning. The right hemisphere dominates in the non-verbal/intuitive functioning that involves philosophical, holistic patterns of thinking. Thus, it is knowledge versus knowing. We need both, and when we are not in a distressed state of mind, both hemispheres work collaboratively, as they are intended. What makes this possible is the corpus callosum, a very important bundle of nerve fibers located between the two hemispheres that serves as a neural pathway or gate.

This is where we introduce you to Molly.

Molly could not stop thinking about an episode at the clinic three days ago. It was now Sunday evening, and she would be returning to the “scene of the crime.” The more she thought about it, the more upset she became. She was especially annoyed because it was not the first time a patient had died in her arms. But the look on that child’s face when it happened! She was expecting Molly to save her little dog, and when the dog went lifeless, she screamed. The look and the scream had stuck with Molly ever since.

During exposure to a shock like this, Molly’s brain initiates a cascade of automatic neurobiological responses. Glucocorticoids are released to mobilize energy, increase cardiovascular activity, and slow unnecessary physiological processes. Molly’s heart had immediately begun to race, and she found herself turning around with the dog and going into the surgery. She knew the dog was dead and that she could do nothing for her. She just wanted to get away from the screaming...
and the look on the child’s face. When Molly remembered the event—either voluntarily or involuntarily—she felt the same sensations. It was as if her body reactions were synchronized to her memory.

When Molly or anyone else is exposed to shocks that continually generate extremely high levels of glucocorticoids, it could lead to major medical problems, including hippocampal volume reduction (Boscarino 2004). Continued exposure to extreme or chronic traumatic events or the memory of them can result in abnormal patterns of neurotransmitter and hormonal activity and in permanent changes in neuronal differentiation and organization. Therefore, both primary and secondary trauma need to be taken seriously and deserve immediate attention.

The Social Psychology of Compassion Stress

In addition to the neurobiological effects of compassion and secondary stress are the social psychological causes and effects. Both Mary and Molly derive a good part of their joy and sorrow in life from their interactions with others. The social psychology of compassion fatigue is an appreciation of the manner in which the personality, attitudes, motivations, and social relations of the individual affect work-related stressors, especially the capacity for managing compassion stress.

**Personality and Compassion Stress.** The personality of Molly—or of any other animal-care worker—includes the totality of qualities and traits that make her special, her style and approach that remain consistent across situations and time. Some workers are like a cork in a turbulent creek, sometimes going under the water or bumping into a rock, but always bobbing back to the surface. Other workers may be more like paper boats, far less resistant to the jostling of the same turbulent creek. Research on resiliency, hardness, and optimism has found that these traits appear to be associated with happiness across situations. Thus, animal workers who tend to be viewed more like the cork discussed above are more likely to “roll with the punches” of the ups and downs of animal-care work.

**Attitudes, Motivations, and Compassion Stress.** Animal-care workers who have positive attitudes toward their work and are motivated by such attitudes will experience greater satisfaction. Work satisfaction is a critical element in preventing and overcoming the
stresses of work, including compassion stress. Positive attitudes and motivations sometime emerge with time and training; however, in most instances a positive attitude emerges at the beginning of one’s career. Understanding the “calling” of animal care, therefore, is a critical factor in predicting and managing compassion stress, because no matter how bad the medical emergency, no matter how distressing or upsetting the event at the time, the animal professional’s attitude and sense of motivation are a critical salve for the traumatic wound. This is in contrast with someone who seeks out a particular career mostly for money, prestige, or power.

Social Relations, Social Support, and Compassion Stress. The final set of factors associated with compassion stress is interactions with colleagues, clients (pet owners), and personal supporters. Each of these groups of people can affect the overall emotional climate of the animal caregiver. In the context of work, compassion stress is a function of the general morale and supportiveness of fellow workers, especially the supervisor and administration. A positive work environment includes workers who care about each other and show it. They genuinely like one another, and they may joke around and/or pitch in when needed and often without being asked to do so. They pick up on even the most subtle mood changes of fellow workers and ask about them in a caring and supportive manner. A negative work environment, on the other hand, is emotionally toxic. Relationships among workers, and especially with supervisory staff, are strained, and staff morale tends to be negative. What is lacking in a toxic work environment is a sense of trust, optimism, and mutual support among and between staff members. As with other social psychological components, the vital resources of supportive colleagues, friends, and family enable the animal-care professional to rebound from emotionally upsetting events.

Concepts and Definitions

We now turn to an overview of the important concepts relevant to understanding, discovering, facing, and overcoming the factors leading to compassion fatigue. Compassion, as noted in chapter 1, is defined as a deep awareness of the suffering of another coupled with the wish to relieve it. It is a kind of focused, action-oriented empathy. Fatigue, as we use it here, is the
mental weariness resulting from exertion that is associated with attending to the emotional and physical pain of others. Stress is a sense of demand for action. When we feel stress, we sense that action is demanded of us—in this case, helping clients. Animal-care professionals experience compassion stress when they feel the demand to help—no matter whether it is real or imagined, possible or impossible. Compassion stress is the demand to be compassionate and effective in helping. Animal-care professionals experience compassion fatigue when they are traumatized by trying to help. Compassion fatigue is exhaustion due to compassion stress, the demands of being empathic and helpful to those who are suffering. Compassion fatigue is a form of post-traumatic stress disorder (PTSD). PTSD is caused by a traumatic event or series of events that can happen to animal workers in the course of their work. The symptoms of PTSD include reexperiencing the event(s), avoiding reminders of the event(s), and physical distress while recalling the event.

Vicarious trauma is another name for the stressor event, and countertransference is another name for the discomfort felt when confronting the event. The classic definition is the psychotherapist’s own repressed feelings in reaction to the emotions, experiences, or problems of a person undergoing treatment. Occasionally animal-care professionals find that a certain animal or owner may awaken “repressed” or forgotten feelings associated with a pet or person in their lives.

Collectively, these concepts are the signposts on our map for understanding and doing something about compassion fatigue, either for ourselves or for our work environment. The model we discuss next describes the problem of compassion fatigue and points to useful solutions. It also suggests that only compassionate, empathic, loving, and caring people suffer from compassion fatigue—the very people who are so vital to the animal-care field.
Putting It All Together

A way of representing the various critical factors accounting for compassion fatigue is included in Figure 2.1; consider it a road map.

This model suggests that the route to compassion fatigue is by way of numerous distressing and “toxic” circumstances. Compassion stress and fatigue among animal-care workers emerges from particularly toxic situations that started with genuine concern and caring on the part of such workers. Empathic ability is the innate ability to empathize with another, be it pet or owner. With this ability animal-care professionals are able to provide the necessary empathic response in their work, to feel the emotional needs and experiences of the animal, pet owner, or both. However, to provide the necessary empathic response—sensitivity, caring, and professionalism—animal-care workers must be concerned for and exposed to the animal and the pet owner. A clear sign of compassion fatigue is the urge to avoid, or the act of avoiding, exposure to the animals and owners who have caused distress in the past and may do so again. Exposure to the suffering, together with effective empathic ability and concern for the suffering, are the necessary ingredients for the animal-care worker to provide the necessary empathic response, given the right kind and amount of training and supervision.

![Figure 2.1 — A Model for Predicting and Preventing Compassion Fatigue](source: Figley 2001)
Working day in and day out with suffering animals and owners takes a toll, especially on those who dispense compassion and empathy. There is a cost to caring for the animal-care provider in the form of compassion stress. As noted earlier, and like other forms of stress, stress reactions affect all aspects of human experience and functioning. Eventually the cumulative stress results in compassion fatigue, a form of burnout and PTSD. Two factors reduce compassion stress and, therefore, compassion fatigue. One is compassion satisfaction, a sense of fulfillment or gratification from the work. For animal-care providers it is the joy of helping helpless animals, literally bringing them back to life at times, and the delight in satisfying the desperate needs of a pet owner. Sometimes animal-care workers need to remember these very real satisfactions when feeling the weight of compassion stress from the job.

The other major factor in reducing compassion stress is detachment—psychological and physical—from the job and its stressors. This means more than “having a life” and enjoying it apart from the job while away from it. It also and especially means being able to manage the compassion stress of the job. Later in the book we discuss detachment strategies at work to help recharge your batteries and some ways of doing so away from work.

Three other factors contribute directly to compassion fatigue. One is the prolonged exposure to suffering when an animal-care worker puts in far too many hours without a sufficient break. Sometimes this is unavoidable—when there is a local catastrophe or crisis that requires extensive time working with animals and owners suffering acutely, especially in the case of a natural disaster. Sometimes it is a temporary requirement of the job due to understaffing. Sometimes, however, prolonged exposure is self-imposed by the worker: skipping lunch, delaying vacations, working overtime, and other extensions of normal workloads. Another factor or “road” directly connected to compassion fatigue on the trauma map is traumatic memories. These are the unresolved conflicts and distress associated with remembering a traumatic event, especially with the suffering of others, such as animals, in one’s past. The memories are often evoked when workers are empathically engaged with their suffering client owners. There is a tendency either to shut down emotionally out of self-protection or to overgeneralize personal experiences and “overpromote” specific coping strategies found to be useful to the survivor/therapist.

The final factor that contributes to compassion fatigue is the
“other” category: other life demands. Often these demands have little to do with the job and everything to do with being stressful. Even positive activities such as getting a new car or falling in love demand time and attention and therefore restrict the resources needed to cope with work. More often, however, other life demands are negative, caused by personal issues, such as family obligations.

Collectively these eleven factors, or roads, lead to compassion fatigue. There are alternative roads leading to alternative destinations, however. They address ways of transforming compassion fatigue into opportunities for change that enable animal-care workers to be far more productive, useful, and happy at work and at home. We explore these in the following chapters.

Four Phases of Adjustment to Being a Helper

Doug Fakkema would love to talk to Mary, and especially to Molly. He has formulated a four-phase explanation for Mary’s journey (Fakkema 1991). Others have talked about the struggles of new social work professionals (Sze and Ivker 1986; Samantrai 1992; Dollard, Winefield, and Winefield 2003), human service workers (Tracy et al. 1992; Todd and Deery-Schmitt 1996); nurses (Tai, Bame, and Robinson 1998); and medical professionals (Hilfinker 1985). Based on these perspectives, we offer a five-phase transition period for the new helper. The phases correspond to running (and finishing) a twenty-six-mile marathon, comparable to the first few years of a helping professional’s career.

Phase One: The Dream

The helping professions, including animal-care workers, are no different from any other in attracting young people who have dreams of doing well for themselves in their careers. What is different in the helping fields is that our satisfaction comes not only from our own evaluation and the evaluation of our supervisors, but also from how well we think we are doing in helping our clients. Dreams of helping emerge early, perhaps when we are children. We imagine the good work we will do to make a difference in the lives of our clients. Dreams sustain us through our lives and into college and postgraduate education and through our internship. Being dreams, however, they must end, and we eventually must wake up to reality. Although we read about rude
awakenings, as you will do here, it is all theoretical to us, thank goodness! Otherwise, fewer people would join us in the work we do.

**Phase Two: The Start**

Graduating from school, at any level, and starting our careers is exhilarating. We’re on the mark, and once that whistle blows, opponents had better move aside. We’re ready to run the marathon and make the world a better place. Fakkema (1991) talks about this phase in the context of animal welfare professionals:

> Red hot and raring to go, we are out to change the world. We are high on life (or at least our job). We know we can make a difference, that our efforts on behalf of animals will ease their plight. We work what seems like 25-hour days yet are energized. Our enthusiasm overflows; our capacity for challenges is limitless. We eat, sleep, and live in the cause for animals. (n.p.)

**Phase Three: Losing Our Breath**

The first time we run in a marathon provides a greater lesson than can any training or reading. Eventually it sinks in that we have many miles to run. Our enthusiasm dampens, and our resolve begins to diminish. The same is true the first year on the job. We discover there are clients we don’t like, supervisors who take the credit for our work, and colleagues who undermine our mission. Emotions run rampant. We feel mad, then angry, and eventually hopelessness prevails. The bubble has burst and set the stage for compassion fatigue symptoms to take charge.

**Phase Four: Desperately Seeking Rhythm**

In this phase we recognize that, if we want to continue to run, we need to pace ourselves. We need to find a rhythm that works for us, one that sustains our sanity, health, and energy level. Again, the same is true in our jobs. To find our career rhythm, we might need to slow down, take a look around, and devise a plan. Either we are going to take the necessary steps to move forward and complete the marathon, or we’re going to check out. Finding our rhythm in running or in our professional lives takes time and experimentation.
Phase Five: Finding Our Rhythm

As with the first time a lightbulb “goes off”—when learning to read, compute statistics, or ride a bike—finding our pace, our niche, our way is thrilling and provides a sense of relief. We have hit a stride that carries us to the finish line. This doesn’t mean that the next marathon is going to be a piece of cake. It just means that now we know better what to expect and have the experience of our previous successes to draw from. It is in this final phase of our jobs that we pay homage to the enormity of the challenges facing our caregiving mission. We begin to see the big picture and where we fit in. In his understanding of the final phase, Fakkema (1991, n.p.) writes of animal welfare professionals:

We understand and accept that sadness and pain are a part of our job. We stop stuffing our feelings with drugs, food, or isolation. We begin to understand that our feelings of anger, depression, and sadness are best dealt with if we recognize them and allow them to wash over and past us. We recognize our incredible potential to help animals. We are changing the world.

Notes

1 Any of a group of steroid hormones, such as cortisone, that are produced by the adrenal cortex; are involved in carbohydrate, protein, and fat metabolism; and have anti-inflammatory properties.

2 Gilerton et al. (2002) compared twenty-six Vietnam veterans with post-traumatic stress disorder (PTSD) to twenty-two normal veterans, similar in age, sex, race, years of education, socioeconomic status, body size, and years of alcohol abuse. Combat veterans with PTSD had a statistically significant 8 percent smaller right hippocampal volume and a statistically insignificant 4 percent smaller left hippocampal volume.

3 As evidenced by hippocampal degeneration that includes volume loss. The hippocampus contains a high concentration of glucocorticoid receptors. Repeated high levels lead to permanent loss of glucocorticoid receptors in the hippocampus as well as significant damage to the hippocampal neurons.

4 Neurobiological effects are evident in brain stem dysregulation, alterations within the central nervous system, irregularities in cortical function, alterations within catecholamine systems, and dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and the hypothalamic-pituitary-thyroid axis.

5 Doug Fakkema is associate director of training and special projects for the American Humane Association. Fakkema has given workshops addressing humane animal euthanasia and how to deal with its emotional consequences for thirty years. Throughout that time, he has witnessed a “career evolution” so distinct that he came up with four phases. Our formulation is based in part on this formulation.